Planning and Implementation of
Family Caregiver Support Program

Technical Assistance Document

The following ideas will provide additional thoughts for you and your colleagues as local Family Caregiver Support Programs (FCSP) are planned and implemented. The concept "family caregiver" is being used as a generic term and does include other non-relatives that provide care and support to frail and disabled older adults and grandparents raising grandchildren, children 18 and younger.

Community Assessment and Outreach
Hold at least one joint planning meeting with local providers of support services to family caregivers to assure coordination of caregiver services. During this meeting the FCSP intent and policy may be shared with community partners and information obtained from them about available family caregiving services/resources.

Ongoing meetings to assure coordination of family caregiver services in the community may include the following ideas:

1. Listen and learn from consumers (current/former caregivers via surveys, focus groups, support groups)
2. Recognize limitations of current programs
3. Recruit partners to assist in community assessment
4. Identify resources for primary family caregivers of all ages (spouses, siblings, adult children, grandparents, etc.) and family/informal caregivers that support the primary caregiver
5. Identify resources or lack of resources for long distance caregivers, caregivers living nearby and those living within the same household as care recipients
6. Recognize that needs of caregivers change during periods of transition, e.g., acute care hospitalization and discharge home, caregiver health changes, changes in caregiver support system
7. Recognize that caregivers have different needs based on the point in the "caregiver trajectory" as defined by Dr. Rhonda Montgomery and Dr. Karl Kosloski in their paper titled *Change, Continuity and Diversity among Caregivers*.
    - *Performance of caregiver tasks*

Developing Collaborations and Partnerships

The following organizations may be valuable partners in promoting positive outcomes for your community's FCSP.

1. Social, human service and public health departments
2. Provider organizations, e.g. hospitals, home health hospice, personal care and supportive home care agencies, adult day and family day services, other respite programs
3. Religious organizations
4. Volunteer programs
5. State and local Associations, e.g., Lung, Parkinson's, Heart, Diabetes, Alzheimer's, Cancer, AARP
6. Technical colleges and university systems including UW Extension
7. Public/private businesses and corporations

Use of FCSP Allocation for 2001

The "Interim Policy" for the Wisconsin FCSP includes services to be provided through this program. This listing, though not comprehensive, provides more detail about service development and does not imply that all services listed are required for county programs. Based on the community assessment, you will better understand how and where to enhance current services.

1. Plan program and build staff capacity
2. Expand information, assistance and care management capacity
3. Assess the community
4. Recruit, hire, train new or current staff
5. Contract with other organizations to provide all or part of required services
6. Attend family caregiver training programs or become familiar with caregiving literature and curricula
7. Coordinate program with partners or inform community organizations of the new program and services
8. Promote proclamations for celebrating local National Family Caregiver Week-- Thanksgiving week

Caregiver Support and Education

A review of the literature on caregiving for older adults indicates that the following assistance and education are requested by family caregivers. These suggestions may be helpful to local communities as the FCSP is planned and implemented.

1. Assist caregivers in negotiating with elders to accept in-home services
2. Assist in identifying financial resources and long range planning for elders and the family caregiver
3. Support caregivers as they define their caregiving role and determine boundaries
4. Provide programs/counseling that prepare families to accept elder's choices/preferences, and the use of negotiation in resolving conflicts and making family decisions
5. Provide materials and support that results in informed decision-making for elders and for future LTC needs of caregivers themselves
6. Inform caregivers of home care products, home modifications, adaptive aids
7. Identify and provide training programs, brochures, videos, etc. that include normal aging, chronic conditions, caregiving skills, caregiver self-care and other common issues facing caregivers.
8. Create/strengthen programs that meet needs of caregivers, e.g., respite programs, monitoring benefits and medical statements, legal information, end-of-life issues, assistance with IADLs and ADLs.
9. Advocate for employed caregivers who need workplace caregiving policies, flexible schedules, assistance in planning elder care, quality respite services, employee assistance programs, etc.
10. Advocate on behalf of caregivers receiving health care services to ensure that caregivers are recognized as team members, that caregivers are at risk of serious health problems and consequences to the elder, knowledge of community resources and how/why to refer caregivers
11. Contract with corporations to provide employee assistance
12. Provide or refer to community caregivers and grandparents resource directories, web sites, videos, caregiver hotline, newsletters
13. Develop or provide fact sheets, checklists and guides to help with family discussions, medication monitoring, crisis situations, caregiving in general and strategies for caregivers to balance work, caregiving and personal obligations

Functional Eligibility for Services in
Family Caregiver Support Program

Technical Assistance Document (continued)

Agencies providing FCSP services or contracting for the direct services, either respite care or supportive services, shall use a functional screen to document functional eligibility. The following "model" functional screen may be used to capture the required information.

The "frail" older individual is determined to be functionally impaired because he/she is unable to perform at least two activities of daily living (ADLs) without substantial human assistance. The assistance includes verbal reminding, physical cueing or supervision to safely complete a task. Use the chart below to indicate the activities of daily living that the frail older person is unable to complete without assistance.

	Independent	Some Assistance	Substantial Assist
(a) Bathing	____	____	____
(b) Dressing	____	____	____
(c) Eating	____	____	____
(d) Mobility indoors	____	____	____
(e) Toileting	____	____	____
(f) Transfers	____	____	____

Some individuals may not require substantial assistance with ADLs but do require substantial supervision due to behavior that poses a serious health or safety hazard to the individual or another person. The person is eligible for services if one of the following impairments is checked. Please indicate whether either of the following conditions requires substantial supervision.

Cognitive impairment ____   Mental impairment ____